U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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E Miliona	
QLMS OF	
1. File Number U - 7248	2. Fiscal Year Covered From:
	//////////////////////////////////////
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Joseph F Lysers	Name SHOPMENS LOCAL UNION No. 508
	Labor Organization File Number 269-875
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 36040 MICHIGAH AVE.	Street 36040 MICHIGAN AVE.
City	City WA-ME
State ZIP Code + 4 4/81/84	State
5. Position in labor organization. BUSINESS MANAGE	$m{z}$ are the contract of t
Enter appropriate data below If, during the past fiscal year, you or your spot	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	Jerived income or other economic benefit of
Name and address of Employer (including trade name, if any).	
or realist and address of Employer (morading trade father, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	7.a. Nature of Interest, Transaction, or Income.
#PAMPARANALIS - NANDO STATE OF THE PROPERTY OF THE PAMPARANA AND AND AND AND AND AND AND AND AND	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion .		
Name Name Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealin 11.b. Approximate dollar value 12.a. Nature of interest held	of such dealing.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	•		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name MESIROW FINANCIAL	SEE ATTAC	2//≥D		
Trade Name, if any:		The control of the co		
P.O. Box, Bldg., Room No., if any				
Street 350 NORTH CLARK ST.				
City CHICAGO				
State ///////////////////////////////////				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Decree Cities	File Number U-			
Name of Person Filing	The Number of			
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Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	FORMER			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street State Profit Control of Co	Locations			
City Parameter and the Company of th				
State State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street Street	11.b. Approximate dollar value of such dealing.			
City	Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
	Language of the state of the st			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name BLUE CROSS /BLUE SHIELD	GIOLE OUTING 8-04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 600 ZAST LAFAYETTE BCD.				
City DETROIT				
State				
	14.b. Amount of payment.			

13.b. Is the Business an Employer

or Consultant

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
Street City State City Code + 4 Code + 6 Cod	11.a. Nature of such dealing	ina		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
City State ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held			
	12.b. Amount.	EXPENSE COLOR COLOR DE LA CAMACION D		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	-		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name DECTA DENTAL	14.a. Nature of payment.	5-64		
Trade Name, if any:		The state of the s		

Name TOBLITAL DENTIFICATION

Trade Name, if any:

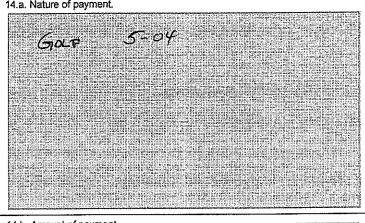
P.O. Box, Bldg., Room No., if any PO Box 30416

Street

City LAKISTER

State MICHIGAN ZIP Code +4 48909-7916

13.b. Is the Business an Employer or Consultant ?



January 7, 2004	Pistons 14 PPL	\$ 28.57
January 24, 2004	Detroit Sympathy Orchestra 4 PPL	99.50
	Rattlesnake Restaurant	120.00
February 18, 2004	Rod Stewart	205.50
March 3, 2004	Forle Restaurant 8 PPL	150.00
March 18, 2004	Michaels Restaurant	91.64
April 22, 2004	St. Louis Steakhouse 10 PPL +	50.00
May 28, 2004	Pistons Palace	160.00
	Palace	29.39
July 1, 2004	Meadowbrook	50.00
September 8, 2004	Washington, D.C. Williard	133.20
December 10, 2004	Detroit Sympathy Orchestra Whitney Restaurant	188.00 100.00